

2023 Working Out of State Questionnaire

First Name	M.I.	Last Name	Social Security Number	Date of Birth
Current Mailing Address			Daytime phone number	Message phone number
City	State	Zip Code	E-mail Address	

1. You **must provide** a copy of your 2022 W-2 form(s) and a copy of your 2022 state and federal income tax returns.

2. Did you accept full-time permanent* employment outside of Alaska? ☐ Yes ☐ No
 *Permanent employment means that no end date is specified by the terms of employment.

3. Complete the following employment history. Include **ALL OUT OF STATE** employer(s) from December 31, 2021 to present:

Employer's Name		Employer's Address		Employer's Phone
Dates employed From ___/___/___ To ___/___/___		State employed in	Job title	Did employer provide housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent / <input type="checkbox"/> Temporary / <input type="checkbox"/> Seasonal / <input type="checkbox"/> Contract				
Reason for leaving				

Employer's Name		Employer's Address		Employer's Phone
Dates employed From ___/___/___ To ___/___/___		State employed in	Job title	Did employer provide housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent / <input type="checkbox"/> Temporary / <input type="checkbox"/> Seasonal / <input type="checkbox"/> Contract				
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Dates employed From ___/___/___ To ___/___/___		State employed in	Job title	Did employer provide housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent / <input type="checkbox"/> Temporary / <input type="checkbox"/> Seasonal / <input type="checkbox"/> Contract				
Reason for leaving				

4. Was your employment outside of Alaska a temporary assignment from an Alaska employer? ☐ Yes ☐ No

Complete Both Sides

5. If you indicated in Question #3 of this form that your out of state employment was **temporary, seasonal, or on contract**, please provide an explanation and documentation from your employer that specifies the term of the assignment.

6. Did your employment require a business or professional license outside of Alaska? ☐ Yes ☐ No

If Yes, did this license require a claim of residency outside of Alaska? ☐ Yes ☐ No

If Yes, please provide a copy of the license and list business or professional license #: _____ and the State/Country: _____ and explain why you were required to be absent:

7. Have you moved from Alaska? ☐ Yes ☐ No

a. If yes, on what date did you know you would be moving? _____/_____/_____

b. On what date did you actually move? _____/_____/_____

c. On what date did you give notice to your Alaska employer? _____/_____/_____

d. On what date did you give notice to your landlord or mortgage lender? _____/_____/_____

e. Do you continue to own or rent a home in Alaska? ☐ Yes ☐ No

f. If you own your home in Alaska, did you rent or lease it to someone else during your absence? ☐ Yes ☐ No

g. If you own the home in Alaska, did you list it for sale? ☐ Yes ☐ No

8. What did you do with your household belongings?

☐ Took belongings with me ☐ Stored belongings in Alaska ☐ Left belongings in my Alaska home

If you stored your household belongings in Alaska, please provide the name, address, and telephone number where you did so:

Name/Location of Storage	Address	City, State and Zip Code	Phone Number
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9. a. Are you renting or leasing a home outside of Alaska? ☐ Yes ☐ No

b. Have you purchased, or will you be purchasing a home outside of Alaska? ☐ Yes ☐ No

10. Did you plan to return to Alaska to remain indefinitely throughout your entire absence? ☐ Yes ☐ No

Please list the names and relationship of all family members who accompanied you:

I certify under penalty of unsworn falsification that to the best of my knowledge and belief, all the information on this questionnaire, including any attachment, is true and complete.

Signature	Date
Printed Name	

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